FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P93000081385 (5) **DOCUMENT #** 1. Corporation Name

JUNS ENTERPRISES, INC.

Principal Place of Business 66 SOUTH DILLARD STREET WINTER GARDEN FL 34787

Mailing Address

66 SOUTH DILLARD STREET WINTER GARDEN FL 34787



							3. Date Incorporated or Qualified						
2. Principal Place of Business		2a. Mailing Addres	2a. Mailing Address			4. FEI Number		Applied For					
21		26	26				65-0458633			[_	Not Applicable		
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of S	status Desired	П		5 Additional			
22			27			.		·· · · · · · · · · · · · · · · · · · ·		Required			
City & State			28	City & State 28				6. Election Campaign Financing Trust Fund Contribution \$5.00 Ma Added to F					
Zipi 24		Country 25	Ζιρ 29	Zip Country 29 30				8. This corporation has liability for intangible tax under si 199.032, Florida Statutes ☐ Yes ☐ No					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent													
					81	Nar	ie.						
VAN DEVENTER, THEODORE H				82	82 Street Address (P.O. Box Number is Not Acceptable)								
	T MAPLE												
WINTER GARDEN FL 34777-1064				83									
					84	Crty				FI	85 Z	ip Code	
or registere familiar with SIGNATURE _	ed agent, or h, and accep	both, in the State of i	502 and 607,1508, Florida lorida. Such change was a Section 607,0505, Florida St	athorized by the -	corp	oratio	r's board	d of directors. Thereb	ement for the pur y accept the app	rpose of cha onlinent as	inging its registere	registered office d agent. Lam	
12.	signa.ure, typesi t		AND DIRECTORS	13.	I AND DES	r Signati	tale, after lattered a		IANGES TO OFF		DIBECT	ORS IN 12	
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THILE			DELETE							L] Change	Add tion	
NAME .				624									
STREET ADDRESS						ADDRES	5						
14. I do hereby	certify that t	the information suppli	ed with this filing is voluntaril	6.4 CI ly furnished and			L	r the exemption state	in Section 119	02/35/k) Flow	ida Statu	tos I further	

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORY WOO Jun 3/18/96 (46784-155)